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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 N CAN

This appln claims benefit of 60/216,567 07/07/2000

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 N CAN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/18/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 6	TOTAL CLAIMS 69	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE CAN			
Verified and Acknowledged	INITIALS CAN			

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## TITLE

System and method of planning a funeral

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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